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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF CHAFFETZ 757 3RD ST NE ADDRESS (number and street) (Check if address is changed) WASHINGTON 20002 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS AVP@BROGHAMERLLC.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 08 2019 C00431684 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. BROGHAMER, KEVIN, , , Type or Print Name of Treasurer BROGHAMER, KEVIN, , , [Electronically Filed] 07 08 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Com	nmittee:	
(d)		(National, State	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
<b>(f)</b>			areasted fund or porty
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

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	Page <b>3</b>
Write or Type Committee Name	
FRIENDS OF CHAFFETZ	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PA	AC Sponsor
AMERICAN VICTORY PAC	
757 3RD ST NE	
Mailing Address	
WASHINGTON DC 20002	
	]-[
CITY STATE ZIP C	ODE
Relationship: Connected Organization 🗶 Affiliated Committee Joint Fundraising Representative Leadersh	ip PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in possessic books and records.</li> </ol>	on of committee
BROGHAMER, KEVIN, , ,	
Full Name,757 3RD ST NE	
Mailing Address	
WASHINGTON DC 20002	
Title or Position CITY STATE ZIP C	ODE
TREASURER	I_I !
Telephone number	
<ol> <li>Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name an any designated agent (e.g., assistant treasurer).</li> </ol>	d address of
Full Name BROGHAMER, KEVIN, , ,	
of Treasurer	
Mailing Address   757 3RD ST NE	
WASHINGTON DC 20002	]
CITY STATE ZIP C Title or Position	ODE
TREASURER    TREASURER	]-[

Full Name of Designated Agent	BROGHAMER, KEVIN, , ,	
Mailing Address	757 3RD ST NE	
	WASHINGTON DC 20002  CITY STATE	ZIP CODE
Title or Position TREASURER		
-	oxes or maintains funds.  Depository, etc.	
Name of Bank, I		
Name of Bank, I	Depository, etc.  WELLS FARGO	
Name of Bank, I	Depository, etc.  WELLS FARGO PO BOX 54349  LOS ANGELES CA 90054	ZIP CODE
Name of Bank, I	Depository, etc.  WELLS FARGO  PO BOX 54349  LOS ANGELES  CA 90054  CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.  WELLS FARGO  PO BOX 54349  LOS ANGELES  CA 90054  CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.  WELLS FARGO  PO BOX 54349  LOS ANGELES  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank, I Mailing Address  Name of Bank, I	Depository, etc.  WELLS FARGO  PO BOX 54349  LOS ANGELES  CITY  STATE  Depository, etc.  CHAIN BRIDGE BANK	ZIP CODE